

State and Territorial Health Officers Focus on Priority Health Issues

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"The goal of medical care is the provision of a continuum of high quality, comprehensive health services, ranging from primary prevention through rehabilitation, which would be available to each individual where he needs them and without regard to race, color, creed, residence, or economic status. . . ."

Although this quotation may seem to be one of the generalizations coming from the current debate over national health insurance, as a matter of fact, it is a statement of principle set forth by the Association of State and Territorial Health Officers (ASTHO) nearly a decade ago in the proceedings of their 1963 annual conference. In these same proceedings, the State health authorities asked for a comprehensive statement on the prob-

lems involved in raising the level of patient care in nursing homes; they recommended model laws and regulations for clinical laboratories and blood banks; and they urged increased attention to the alcohol problem, tuberculosis control, solid waste disposal, occupational health, pollution control, and the health of migrant labor. Contrary to the claim of some critics who suggest that State and local health departments are out of tune with the times, a review of the last 10 years of recommendations made by health directors shows that they have been sensitive to emerging problem areas and generally foresighted in what they have proposed.

Highlights of 1971 Conference

This same posture is evident in the recommendations and proceedings of the 1971 conference of the Secretary of the Department of Health, Education, and Welfare with the representatives of the 56 State and Territorial health departments, held in Washington, D.C., December 7-9, 1971. In opening this conference, which is required annually by law, Dr. Merlin K. DuVal, Assistant Secretary for Health and Scientific Affairs, told

Dr. Myers, State Health Officer of Alabama, is president of the Association of State and Territorial Health Officers. Tearsheets of this article, as well as the published proceedings of the December 1971 conference of the association, are available in limited quantities from the ASTHO Washington Office, 128 C St., NE, Suite 61, Washington, D.C. 20002.

the State health officers that, with the gains in decentralized decision making and progress toward revenue sharing, the period of erosion of State responsibility and initiative should be at an end. As a second major point, long recommended by the State health authorities, DuVal spoke of the effort being made to restore a clear focal point for health nationally so that the health decision-making process can be well coordinated and the States can more readily relate to the Federal level. DuVal stated: "Where once your organization dealt primarily with matters relating to a few specific diseases, your agenda in 1971 is devoted almost entirely to broad areas of health services delivery systems. Over the 68 years of your history, you have demonstrated an increasing ability to make important contributions to the complex and troubling questions with which the nation must deal. . . ."

Augmenting this perspective, Governor Melvin H. Evans, M.D., of the Virgin Islands, the keynote banquet speaker at the ASTHO conference, declared: "There are those who might argue that the physician's greatest contribution is in the exact field in which he is trained. I contend that the problems that affect the world—air pollution, water pollution, destruction of our environment, overpopulation, problems of eugenics, problems with radiation, problems with drug abuse, highway slaughter—are all areas with which the physician has intimate contact . . . I say to you that it is time that we look forward to grabbing the gauntlet and moving with it."

A further highlight of the 1971 conference was a report on the ASTHO project for developing and activating a uniform health program reporting service. This project reflects a vigorous approach to obtaining the hard facts about health programs so that yield can be demonstrated to the State and Federal Government. Financed by Federal funds earmarked for evaluation purposes, the ASTHO project has completed its first national field trial on several component programs. At the time of

the December conference, it was moving toward an expanded effort which is expected to result in an ongoing health program information center.

Major Recommendations

Among the major recommendations made by the State and Territorial health officers in the 1971 conference are the following:

1. In considering the renewal of the Partnership for Health Act in 1973, the Secretary of Health, Education, and Welfare should establish a joint task force with State and Federal representation to review this legislation and make recommendations.

2. Congress should approve legislation to continue and increase Federal funds for maternal and child health services under Title V of the Social Security Act, with the proportion of funds that are allocated on a formula basis increasing from 50 percent in fiscal year 1973 to 60 percent in 1974 and 70 percent in 1975.

3. The Department of Health, Education, and Welfare should reorganize the Office of Health and Scientific Affairs to establish an organizational unit with full authority for coordination of the several health care programs in the Department whose existing autonomy has resulted in conflicting standards and regulations.

4. The Association of State and Territorial Health Officers should make recommendations for a program of surveillance to insure the delivery of adequate amounts of quality health care to subscribers enrolled under prepayment or capitation plans of health insurance.

5. Congress should approve legislation to liberalize financial eligibility tests for family planning services as soon as possible so that lack of funds will not prevent persons from obtaining these services.

6. The Department of Health, Education, and Welfare should encourage the coordination of joint support, by all appropriate Federal health programs, of single facilities that have the capability of delivering multiple services to a community or health service area.

7. The Environmental Protection Agency should be given the necessary legislative authority and adequate funds to develop and establish an effective community noise control program. . . .

8. State governments should immediately plan to adopt non-ionizing radiation control programs and train the manpower necessary for their implementation.

9. Health departments should oppose the routine use of mass X-ray surveys among the general population for the detection of cardiopulmonary disease.

